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THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

RONALD E LOUDEN JR	
	•
(Enter above the full name of the plaintiff or plaintiffs in this action)	13CV9140 JUDGE GUZMAN MAGISTRATE JUDGE MASON
vs.	Case No:
NRC/STAte VILLE	(To be supplied by the <u>Clerk of this Court</u>)
Correctional Facility	
Illinois Department of	
Collections and	
WArden-Michael LenkE	
OfficeRs-Johnson & HAIL	
(Enter above the full name of ALL defendants in this action. Do not	
use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER THUS. Code (state, county, county, county)	HE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
COMPLAINT UNDER TH	IE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. C	ode (federal defendants)
OTHER (cite statute, if known	own)
DEFORE BUILDING OUT THE COMPL	AINT DIEASEREER TO "INSTRUCTIONS FOR

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INST FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Pl	aintiff(s):
	A.	Name: RONALD ERIC LOUDEN JR
	В.	List all aliases: ERIC SANDERS
	C.	Prisoner identification number: <u>K59775</u>
	D.	Place of present confinement: <u>EAST Moline Confectional FACIL</u>
	E.	Address: 100 Hill Crost EAST Moline, Il 61244
	(If to I.D. pape	here is more than one plaintiff, then each plaintiff must list his or her name, aliases, number, and current address according to the above format on a separate sheet of er.)
II.	(In A	endant(s): A below, place the full name of the first defendant in the first blank, his or her official tion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.)
	A.	Defendant: Michael Lenke
		Title: WArden
		Place of Employment: STAteVILLE Correctional Facility
,	В.	Defendant: Officer Johnson
	,	Title: Correction Al Officer
	ν.	Place of Employment: <u>STATEVILLE</u> /NRC - H-2
	C.	Defendant: Officer Hall
	ai u	Title: Correctional Officer
		Place of Employment: Stateville/NRC = H-2

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Exh	naustion of Administrative Remedies
	are required to exhaust all your available administrative remedies before bringing an on in federal court.
A.	Is there a grievance procedure available at your institution?
	YES (NO () If there is no grievance procedure, skip to F.
В.	Have you filed a grievance concerning the facts in this complaint?
ž	YES (X) NO ()
C.	If your answer is YES:
• 0	1. What steps did you take?
	I Wrote A grievance Report.
k b	2. What was the result?
	I did not get A response
÷.	3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)
D.	If your answer is NO, explain why not:
	You action A. B.

E.	Is the grievance procedure now completed? YES (X) NO ()	
F.	If there—is no grievance procedure in the institution, did you complain to authorities? YES () NO ())
G.	If your answer is YES:	
	1. What steps did you take?	•
		,
2		
· .	2. What was the result?	
1.	If your answer is NO, explain why not:	
g0 2=		
-		

ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal rt (including the Central and Southern Districts of Illinois):
Name of case and docket number: Ronald ERIL Louden JR VS- Thomas Dart et al. # 13 C 442
Approximate date of filing lawsuit: June 2013
List all plaintiffs (if you had co-plaintiffs) including any aliases:
List all defendants: Thomas DART, CLDOCA Sherriffs office, Investigating officers and officer BADES.
Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States District Court, worthen District Court, name the district; if state court, name the county):
Basic claim made: Financial Compensation and Also punitive
Disposition of this case (for example: Was the case dismissed? Was it appealed?
Is it still pending?): Still fending

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I Ronald Louden Was Stought into Stateville CC. On July 22nd 2013. After being Prossesed through the Intake Procedure I WAS housed in the medical part of NRC/SHATAVILLE Along With 7 Other inmates were Assigned to A SMAIL Cell At Which I Along with the other inmates had to sleep on the Flour because there were no bunks in the small cell. The cell was so Over Crowded that my MAttress WAS light by the toilet, where AS I had to sleep and lay my head And body While other inmates had to relieve then selves At random, which is very inhumane. Also the Cell room was very nasty like it hadn't been cleaned in A very long time At Which there were different Kinds of bugs crawling Around and flying Around the Cell because of the food particles on the Floor And the bacteria and Fungus in And Around the toilet. Cleaning Supplies were denied to me and the other inmates after being requested. After 3 days of those living conditions on 7-25-13 I was transferred to P-114 in NRC/State Ville which is A 2 MAN. Foud PArticles cell. The cell had lots of Bugs and insects because of the All Around the cell. I requested A grievance but didn't recieve such.

I requested A pen of pencil but didn't recieve such, At which I was trying to write my samily and explain to then the living conditions. I Also has legal MAtters that needed to be Addressed As Soon As Possible. Inmates are allowed to keep prestanced envelopes and writing paper when transfered from the Cook County sail to stateville but are not allowed to keep a pen or pencil And Stateville does not replace or provide you with Such . I feel not being Able to Corresponde with the outside world because OF these reasons are in violation of my lights And I fault Warden Michael LemkE, STAteville/NRC And I DOC Administration for the Inhumane living Situations And Cruel punishment that Stateville/NRC has, let it be noted that you can purchase proper writing material from the coinnissary but you have to be in stateville/NRC 60 days before you can shop At which. Numerous Inmates such as myself, have legal deadlines to neet that are unsur 60 days. Writing is the most common way or communication for intrates and without the proper material It is impossible to corresspond with legal personale And UF FAMILY AND Friends. ON 8-5-2013 I was transfered to H-2-5-Pod At Which I WAS ASSIGNED to sleep on the SAJVOURT Floor BECAUSE OF OVER Crowdness of the dorm At Which later that night I was 5it by A Unidetifiable bug And denied medical treatment by officer Juhnson and denied A grievance by Officer hall. On 8-7-2013 I was transferred to the Gym Along with 99 other Inmakes Where As the Gym is not A living quaters for intrates. And on 3-8-13 I had to but def may facial hair so it could match the description of my ID. Because I was being transferred to East moline At which try face had a Allergic reaction because Relief: The barbers bunt have any Alcohol or Sanitizer for their Clippens, They just out one head After Another Without Cleaning these material which is very unsanitary.

State briefly exact. Cite no cases or st	ly what you want the court to do for you. Make no legal arguments atutes.
I would like th	e Court to compessate me for the sur
• ***	plus punitive damages and layer fees.
<u>.</u>	
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court. Signed this
OFFICIAL SEAL KAREN L WILLIAMS	(Signature of plaintiff or plaintiffs)
RY PUBLIC - STATE OF ILLINOIS OMMISSION EXPIRES:03/15/14	(Print name)
9-3-13	K59775 (I.D. Number)
	EAST Moline C.C.
	100 Hillerest Road
	(Address)

	IN THE	
Ronald ERIC Louden J. Plaintiff))) Case No	
NRC/STATEVILLE C.C., WATSEN MICHAEL LEMKE, OFFICERS Johnson and HAIL An	vs.)))))))))))))))))))	
Defendant)	
PRO	OF/CERTIFICATE OF SERVICE	8
To:	To:	
properly addressed to the parti Service:	t on 8-14- 20_13, selow in the institutional mail at Dixon Corrections listed above for mailing through the United States 1621, or 735 ILCS 5/1-109, I declare, under	States Postal
perjury, that I am the named pa	arty in the above action, that I have read the about ation contained therein is true and correct to the	ve
Date: 8-14-2013		
Lane	1st flow (Fund)	
A Millian	Name: RonAldElouden JA	4
OFFICIAL SEAL KAREN L WILLIAMS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:03/15/14	IDOC # K59775 Dixon Correctional Center P.O. Box 1200 Dixon, IL 01021	
7-3-13		
Revised Jan. 2002	East Moline C.C. 100 Hillcrest road	
	FAST moline, Il 6/244	